

FILED

## CIVIL FEE WAIVER AFFIDAVIT AND ORDER

JAN 28 2025

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
CLEVELANDIN United States District Court  
Northern District of Ohio

<u>TERRY FOSTER</u>	)
Plaintiff,	)
	)
vs.	)
	)
<u>GRAY Local Media, INC</u>	)
Defendant.	)

CASE NO.

1:25 CV 00139

JUDGE

JUDGE BRENNANFINANCIAL DISCLOSURE / FEE-WAIVER AFFIDAVIT AND ORDER

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

**Personal Information**

Applicant's First Name

TERRY

Applicant's Last Name

FOSTER

Applicant's Date of Birth

4/15/68

Last 4 Digits of Applicant's SSN

6402

Applicant's Address

**Other Persons Living in Your Household**

First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
<u>N/A</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>N/A</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>N/A</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Public Benefits**

I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.

N/A

Place an "X" next to any benefits you receive.

Ohio Works First<sup>1</sup>:  SSI<sup>2</sup>:  Medicaid<sup>3</sup>:  Veterans Pension Benefit<sup>4</sup>:  SNAP / Food Stamps<sup>5</sup>: **Monthly Income**I am NOT able to access my spouse's income 

<u>N/A</u>	Applicant	Spouse (If Living in Household)	Total Monthly Income

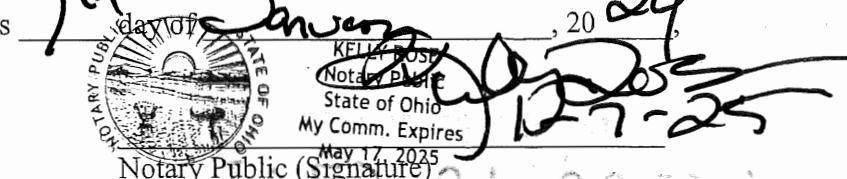
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$ <u>111</u>	\$ <u>      </u>	\$ <u>      </u>
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$ <u>      </u>	\$ <u>      </u>	\$ <u>      </u>
<b>TOTAL MONTHLY INCOME</b>		\$ <u>      </u>	
<b>Liquid Assets</b>			
Type of Asset	Estimated Value		
Cash on Hand	\$ <u>      </u>	<u>      </u>	<u>      </u>
Available Cash in Checking, Savings, Money Market Accounts	\$ <u>      </u>	<u>      </u>	<u>      </u>
Stocks, Bonds, CDs	\$ <u>      </u>	<u>      </u>	<u>      </u>
Other Liquid Assets	\$ <u>      </u>	<u>      </u>	<u>      </u>
<b>Total Liquid Assets</b>	\$ <u>      </u>	<u>      </u>	<u>      </u>
<b>Monthly Expenses</b>			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$ <u>      </u>	Insurance (Medical, Dental, Auto, etc.)	\$ <u>      </u>
Food / Paper Products/Cleaning Products/Toiletries	\$ <u>      </u>	Child or Spousal Support that You Pay	\$ <u>      </u>
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ <u>      </u>	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$ <u>      </u>
Transportation / Gas	\$ <u>      </u>	Credit Card, Other Loans	\$ <u>      </u>
Phone	\$ <u>      </u>	Taxes Withheld or Owed	\$ <u>      </u>
Child Care	\$ <u>      </u>	Other (e.g. garnishments)	\$ <u>      </u>
<b>Total Column A Expenses</b>	\$ <u>      </u>	<b>Total Column B Expenses</b>	\$ <u>      </u>
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, KELLY FOSTER, hereby certify that the information I have provided on  
(Print Name)

this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs  
or fees in this case.

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this  
in Richland County, Ohio.



Kelly Rose  
Notary Public (Printed)

My Commission expires: 5/17/25

Richland Ohio

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so  
at no cost to the Applicant.